

**Disabled Children's Home Care/Katie Beckett (DCHC) Medicaid Eligibility
Determination of Institutional Level of Care**

The DCHC eligibility pathway is for children up to age 19 with a medical disability that is so severe that they require an institutional level of care, and they can be safely cared for in the home or community.

Child's Name: _____ **Date of Birth:** _____

Reviewer Name and Credentials: _____

To meet eligibility, a child must meet all the following conditions:

1. **Is the child under 19 years of age?** Yes No
2. **Has the child been determined disabled by the Social Security Administration?** Yes No
If no, do not determine level of care below. Child is not eligible for DCHC Medicaid.
3. **Does the child's medical, developmental, or mental health condition require the institutional level of care defined by one of the criteria below for at least the next 12 months?** Yes
 No
4. **Does medical provider and additional documentation attest to or demonstrate that it is appropriate to provide institutional level of care to the child outside of an institution?** Yes No
5. **Does the child's case file contain clinical justification and supporting medical documentation for one of the institutional levels of care below?** Yes No

Hospital Level of Care: A child must meet all the criteria below.

1. The child's severe or potentially unstable chronic medical condition ¹ requires skilled observation and assessment ² multiple times during a 24-hour period, as well as electronic monitoring, treatment, and medication management. Examples include continuous cardiopulmonary electronic monitoring, ventilator management, and supervised infusions of IV medications.	Yes	No
2. The child's care is prescribed by a licensed physician in an ongoing direct treatment relationship ³ with the child, within their scope of practice.	Yes	No
3. The services, technology, and professional expertise ⁴ required for the child is equivalent to that ordinarily only provided by an inpatient acute care facility.	Yes	No
Provide a statement of justification for approval or denial. This should include justification why a response of "yes" or "no" was selected for any of the above criteria.		

Skilled Nursing Facility Level of Care: A child must meet all the criteria below.

<p>1. The child has a disabling medical condition with functional limitations, comorbidities, or is medically fragile such that there is a need for skilled nursing and/or skilled rehabilitation services on a daily basis⁵.</p> <p>Skilled nursing services may include skilled observation and assessment² of the patient’s changing condition, IV infusions, IM injections, IV feeding, enteral feeding, nasopharyngeal and tracheostomy aspiration, suprapubic catheter care, dressing changes using prescription medications and aseptic technique, treatment of decubitus ulcers and skin disorders, initial phases of administering medical gases, rehab nursing procedures, and more.</p> <p>Skilled rehabilitation services include physical, occupational and speech therapies.</p>	Yes	No
<p>2. These skilled services are prescribed by the child’s licensed physician, in an ongoing direct treatment relationship with the child, within their scope of practice.</p>	Yes	No
<p>3. These prescribed services would typically only be provided in a skilled nursing facility and not in an acute care institution or an institution for mental disease.</p>	Yes	No
<p>Provide a statement of justification for approval or denial. This should include justification why a response of “yes” or “no” was selected for any of the above criteria.</p>		

Intermediate Care Facility for Individuals with Intellectual Disabilities ICF/IID Level of Care

A child must meet all the criteria below.

<p>1. The child has EITHER of the following:</p> <p>a. A developmental disability as defined by HCAR 7.100, Section 7.100.3, “Criteria for determining developmental disability” (this rule can found on the Agency of Human Services website) OR</p> <p>b. A related condition: a severe, chronic disability that is attributable to cerebral palsy, epilepsy, or any other condition, other than mental illness, found to be closely related to Intellectual Disability because this condition results in impairment of general intellectual functioning or adaptive behavior resulting in substantial functional limitation in three or more of the following: self-care, understanding and use of language, learning, mobility, self-direction, capacity for independent living.</p>	Yes	No
<p>2. As a result of this disability, the child requires daily active treatment and supervision above and beyond typical age-appropriate care to address functional deficits in areas such as bathing, dressing, toileting, feeding, mobility, communication, social/interpersonal activities, and self-direction, to maximize function and maintain health and safety of the child. Specifically excluded from the definition of ICF/IID <u>inpatient level of care</u> are intensive behavioral services which, by definition, are meant to be provided in the child’s natural environment.</p>	Yes	No
<p>3. Necessary services are prescribed by the child’s licensed prescribing physician, within their scope of practice, in a direct treatment relationship with the child⁵.</p>	Yes	No
<p>4. These prescribed services would typically only be provided in a facility whose primary purpose is to furnish services to individuals with an intellectual or developmental disability or related condition as described in criterion #1. In this situation the child does not meet criteria for either hospital inpatient or skilled nursing facility level of care.</p>	Yes	No

Provide a statement of justification for approval or denial. This should include justification why a response of “yes” or “no” was selected for any of the above criteria.		
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Inpatient Psychiatric Hospital Level of Care

The child must meet all criteria below as described.

1. The child has a diagnosed disabling mental health condition which causes significant impairment in their ability to function at home, school, and in the community.	Yes	No
2. Due to the child’s disabling mental health condition, the child requires daily support, comprehensive treatment, and close supervision to stabilize symptoms, provide safety, prevent deterioration, and work toward improved functioning, as prescribed by a licensed physician, within their scope of practice, in an ongoing direct treatment relationship ¹ with the child.	Yes	No
3. The child exhibits impairment that is extreme⁶ in one, or marked⁷ in two or more of the following domains (A-D).	Yes	No
A. The child demonstrates a serious deterioration in the ability to safely and adequately care for self (i.e., grooming, hygiene, toileting, eating, etc.) within the past 3-6 months.	Yes	No
B. The child exhibits thought processes that are impaired and significantly interfere with daily life such as: <ul style="list-style-type: none"> <input type="checkbox"/> Distorted perceptions (such as auditory or visual hallucinations, command hallucinations to harm self/others) <input type="checkbox"/> Disorganized thoughts and/or behaviors <input type="checkbox"/> Poor judgement <input type="checkbox"/> Inability to distinguish reality (such as paranoid or referential delusions) <input type="checkbox"/> Significant communication impairment (such as disorganized speech or mutism) 	Yes	No
C. The child displays severe and persistent dysregulated mood and/or severe disturbance in affect. Emotional control and/or impulsivity are disruptive and incapacitating such that the child responds inappropriately most of the time.	Yes	No
D. The child exhibits thoughts and behaviors that present a serious and imminent risk of harm to self or others, such as: <ul style="list-style-type: none"> <input type="checkbox"/> Significant risk-taking behaviors <input type="checkbox"/> Sexually harmful behaviors (towards others) <input type="checkbox"/> Suicidal ideation and significant risk of attempt or suicidal behaviors requiring medical intervention <input type="checkbox"/> Significant non-suicidal self-injurious behaviors requiring medical intervention <input type="checkbox"/> Aggressive and/or assaultive behaviors, and/or unprovoked acts of violence <input type="checkbox"/> Destructive behaviors such as fire-setting, destruction of property, or cruelty to animals <input type="checkbox"/> Significant substance use 	Yes	No

Provide a statement of justification for approval or denial. This should include justification why a response of “yes” or “no” was selected for any of the above criteria.

Signature of Reviewer

Date

ENDNOTES:

¹**Unstable chronic medical condition** means a persistent medical condition that could change frequently and/or rapidly so that frequent monitoring and/or adjustment to treatment regimens may be required at any point in time

²**Skilled observation and assessment** constitute services when the skills of a technical (e.g., respiratory therapist) or licensed professional operating within their scope of practice are required to identify and evaluate the patient's need for modification of treatment or for additional medical procedures.

³**Direct treatment relationship** means that the medical provider delivers health care to the individual, including diagnoses and medical orders, on an ongoing basis.

⁴**Professional expertise** means a nursing or prescribing professional (e.g., physician, PA, APRN) working within their scope of practice.

⁵**Daily basis** means 7 days a week for skilled nursing services and at least 5 days a week for rehabilitation services.

⁶**Extreme limitation** means that the child's impairment(s) interferes very seriously with day-to-day functioning. “Extreme” limitation also means a limitation that is “more than marked.” “Extreme” limitation is the rating given to the worst limitations. However, “extreme limitation” does not necessarily mean a total lack or loss of ability to function. It is the equivalent of the functioning found on standardized testing with scores that are at least three standard deviations below the mean.

⁷**Marked limitation** means that the child's impairment(s) interferes seriously with day-to-day functioning. “Marked” limitation also means a limitation that is “more than moderate” but “less than extreme.” It is the equivalent of the functioning found on standardized testing with scores that are at least two, but less than three, standard deviations below the mean.